

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

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C
T
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County GarrisonVillage or City Accident 77rd

157-C

Registration Dist. No. 164

St. _____ Ward _____

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Jackie Edward Bodenman

(a) Residence: No. _____

St. _____

Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Separate

5a. If married, widowad, or divorced

HUSBAND of
(or) WIFE ofSeparate

6. DATE OF BIRTH (month, day, and year)

July 9th 1936

7. AGE Years Months Days If LESS than

1 day, 10 hrs.
or min.2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Separate9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Separate10. Date deceased last worked at
this occupation (month and
year)Separate11. Total time (years)
spent in this
occupationSeparate

12. BIRTHPLACE (city or town)

(State or country) Maryland

13. NAME

John H. Bodenman

14. BIRTHPLACE (city or town)

(State or country) Maryland

15. MAIDEN NAME

Arcelia D. Kahl

16. BIRTHPLACE (city or town)

(State or country) Maryland

17. INFORMANT

(Address) John H. BodenmanAccident 77rd

18. BURIAL, CREMATION, OR REMOVAL

Place Accident Date July 12, 1936(Address) Accident 77rd

19. UNDERTAKER

(Address) John BodenmanAccident 77rd(Address) J. F. CoulterAccident 77rd(Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)12th
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 9th 1936, to July 12th, 1936I last saw him alive on July 9th, 1936; death is said
to have occurred on the date stated above, at 10:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congenital Malformation of heartDate of onset
July 1936

Other Contributory Causes of Importance:

SepticemiaDate of
July 1936

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) J. F. Coulter

M. D.

(Address) 776 Meadow

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	AUG 8 1926	1915
Cerebral hemorrhage	V. S.	1921

Other contributory causes of importance:	MURKIN V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7397

1. PLACE OF DEATH

County Montgomery
Village or City Ashton

82a

Registration Dist. No. 170

St., Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Darrell Chaney(a) Residence: No. Amber

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Linnie Chaney

6. DATE OF BIRTH (month, day, and year) Nov 23 1873

7. AGE Years <u>62</u>	Months <u>7</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmers
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Thomas Chaney
14. BIRTHPLACE (city or town)
(State or country) not known15. MAIDEN NAME Elizabeth Porter16. BIRTHPLACE (city or town)
(State or country) Md17. INFORMANT Mrs Linnie Chaney
(Address) Ashton Md18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 5, 193619. UNDERTAKER Alvin Winterberg
(Address) Montgomery Md20. FILED July 4, 1936 Geo B Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 2(Month) (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to July 2, 1936; I last saw him alive on July 1, 1936; death is said to have occurred on the date stated above, at 4 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
June 28
1936

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Corpse Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Wm. J. Lane Jr. M. D.(Address) Florist Building 1st fl

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

AUG 5 1927	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

AUG 5 1927	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

7398

1. PLACE OF DEATH

County

Garrett

Village or City

Friendsville

20-m

Registration Dist. No.

161

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

single

6. DATE OF BIRTH (month, day, and year)

March 15th 1863

7. AGE

Years

73

Months

4

Days

16

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
CARTER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

St. Va

MOTHER FATHER

13. NAME

James Cunningham

14. BIRTHPLACE (city or town)

(State or country)

W. Va

15. MATURE NAME

Ephatha Corbin

16. BIRTHPLACE (city or town)

(State or country)

St. Va

17. INFORMANT

(Address)

Ed Friend

Friendsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Friendsville Aug 1, 1936

19. UNDERTAKER

(Address)

J. H. Savage

Friendsville Md

20. FILED

Date

Aug 1, 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

31

(Month)

(Day)

1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 2, 1936 to July 29, 1936

last seen him alive on July 29, 1936; death is said

to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paralysis Ascending

Cervical Sclerosis

or Injury: Automobile accident.

Other Contributory Causes of Importance: Broken leg; Head injury; and

injury to spine. Was in Uniontown Pa Hospital

for three months. Physician (Dr. Mason) did not

see him for four months after accident. Civil R.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 1936

Where did injury occur? near Uniontown Pa

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

on public highway

Hospital

Manner of injury

Automobile accident.

Nature of injury

Broken Leg & Head Injury

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7399

M

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County GarnettVillage or City Grantsville Md

82a

Registration Dist. No. 162St. Ward

ND. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Christina Folk

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female White Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJacob J Folk

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
74 11 181 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House Wife12. BIRTHPLACE (city or town)
(State or country)13. NAME Michael Siehl14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Katherine Bader16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Sarah H Folk
(Address) Grantsville Md18. BURIAL, CREMATION, OR REMOVAL,
Place Grantsville Date 7-22-193619. UNDERTAKER John Winterberg
(Address) Grantsville20. FILED July 22, 1936 B. H. Gill
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 20, 1936
(Month) July (Day) 20 (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1936 to July 20, 1936
Last saw her alive on July 19, 1936; death is said to have occurred on the date stated above at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Severe cerebral hemorrhage Date of onset
Apr 9

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) B. H. Davis M. D.(Address) Grantsville

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

AUG 4 1928

REAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7460

1. PLACE OF DEATH

County GerritVillage or City Freudsville Post

(13)

Registration Dist. No. 161

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. FULL NAME George D. Frantz

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Hale4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of Hiloward (or) WIFE of Lavinia Hoff Frantz6. DATE OF BIRTH (month, day, end year) Nov. 24 - 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>90</u>	<u>8</u>	<u>13</u>		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fanner

9. Industry or business in which work was done, as STEEL MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME George D. Frantz14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Rebecca Friend16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs. Ben Frantz(Address) Breudsville, Md.

18. BURIAL, CREMATION OR REMOVAL

Place Bloomingdale Date July 9, 193619. UNDERTAKER 7th Street(Address) Breudsville, Md.20. FILED July 9, 1936(Address) Leannah Stalter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 7th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept 1935 to July 7th, 1936I last saw him alive on Aug 7th, 1936; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HaemorrhageDate of onset
Aug 7th
1936

Other Contributory Causes of importance:

Arteriosclerosis
Chronic nephritis1920
1922

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? —Date of injury —, 19—Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) W. C. Frantz M. D.(Address) Breudsville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

Chronic interstitial nephritis

1927

Attack of epilepsy

1 week ago

Cerebral hemorrhage

July 5, 1927

Run-over by street car

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7401

1. PLACE OF DEATH

County Garrett

Village or City Mt. Lake Park, Md.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bushrod Lafayette Hardesty

(a) Residence: No. Loch Lynn, Md.

(Usual place of abode)

No. St. Ward

If U. S. Veteran, specify WAR

Registration Dist. No. 7 166

St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-------------	------------------------	--

5. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel Brahan Hardesty

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1856

7. AGE Years 80	Months 5	Days 11	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Railroader

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year) 1921 II. Total time (years) spent in this occupation 48 yr.

12. BIRTHPLACE (city or town) Preston Co., W. Va.
(State or country)13. NAME Thornton S. Hardesty
Preston Co., W. Va.14. BIRTHPLACE (city or town) Preston Co., W. Va.
(State or country)15. MAIDEN NAME Rachel White
16. BIRTHPLACE (city or town) Garrett Co., Md.
(State or country)17. INFORMANT Oliver W. Hardesty
(Address) Mt. Lake Park, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Terra Alta, W. Va. Date July 6, 193619. UNDERTAKER Herbert C. Leighton
(Address) Oakland, Md.20. FILED July 5, 1936 Julian A. Rowden
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 4, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1936 to July 4, 1936; death is said I last saw him alive on July 4, 1936; death is said to have occurred on the date stated above, at 4:15 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis
Other Contributory Causes of importance:
Arteriosclerosis
Aptees

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. D.

(Address) M. D. Hardesty and Sons

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7402

1. PLACE OF DEATH

County

Garrett

191

Registration Dist. N^o.

166

Village or City

*FRIENDSVILLE MD*No. *160A*)

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Rural)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Married*5a. If married, widowed, or divorced
HUSBAND of

or WIFE of

Zo Riley Hinsbaugh

6. DATE OF BIRTH (month, day, and year)

Aug 23-1880

7. AGE Years Months Days If LESS than
55 11 20 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,

CARTER, LAWYER, BOOKKEEPER, etc.

*Saw mill*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

July 13 1936

11. Total time (years)
spent in this
occupation*Life*12. BIRTHPLACE (city or town)
(State or country)*Maryland*

13. NAME

*Amie Hinsbaugh*14. BIRTHPLACE (city or town)
(State or country)*Maryland*

15. MAIDEN NAME

*Phoebe Welch*16. BIRTHPLACE (city or town)
(State or country)*Maryland*

17. INFORMANT

Zo Riley Hinsbaugh

(Address)

FRIENDSVILLE MD

18. BURIAL, CREMATION, OR REMOVAL

Place

Bloomington IL

Date

July 15 1936

19. UNDERTAKER

(Address)

*W.H. Baucus & Son**Fredericksville MD*

20. FILED

T 147 1936 Julia Rawen

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

13

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 13 1936

to

1936

I test saw him alive on

July 13 1936

; death is said

to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Cerebral Declerosis

Date of onset

Other Contributory Causes of Importance:

Stratified hemorrhage

July 13 1936

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

19

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

Old Brown Bagged Butter

M.D.

(Signed)

Julia Rawen

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	BUREAU U. S. AUG 16 1936 SEARCHED	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of o
Arteriosclerosis	191
Chronic interstitial nephritis	AUG 10 1950 192
Cerebral hemorrhage	July 5

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago

Other contributory causes of importance:

Other contributory causes of importance:	
Gallstones	May 1,

Other contributory causes of importance:

May 1, 1923	Presented	Dr. J. H. Dugay
	Other contributory causes of importance:	
May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County SarrettVillage or City Bloomington

Length of residence in city or town where death occurred

yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. — mos. — ds.

(183)

Registration Dist. No.

163

7404

2. FULL NAME

John Sebastian Kady(a) Residence No. Berwyn W. Va

(Usual place of abode)

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Edith Kady.

6. DATE OF BIRTH (month, day, and year)

Dec. 7, 1896

7. AGE

39

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. miner9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Coal Mines10. Date deceased last worked at
this occupation (month and
year) June 193611. Total time (years)
spent in this
occupation 20

12. BIRTHPLACE (city or town)

(State or country)

M.A.R.V.W. Va

MOTHER FATHER

13. NAME

Martin Kady

14. BIRTHPLACE (city or town)

(State or country)

Ireland

15. MAIDEN NAME

Sarah Hargan

16. BIRTHPLACE (city or town)

(State or country)

FairmontW. Va

17. INFORMANT

(Address)

Edith Kady.

18. BURIAL, CREMATION, OR REMOVAL

Place

Bethel Cemetery

Date

July 14, 1936

19. UNDERTAKER

(Address)

D. S. BowdBoston, Md.

20. FILED

Date

July 14, 1936

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug11193(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

19

I last saw him alive on

11

a.m.; death is said

to have occurred on the date stated above, at

deceased walked out, into river; went

down and was drowned.

Date of onset

Accidental drowning
a boat was not involved. cause
deceased walked out, into river; went
down and was drowned.

Other Contributory Causes of Importance:

Probably acute alcoholism. Friends who
were with him thought he had been drinking
too much liquor.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James O'leary M. D.(Address) Decatur 66-717

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

HIREAU V.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH**1. PLACE OF DEATH**County. GarrettVillage or City. Mt. Lake Park, Md.

948

Registration Dist. No. 77405
166

No.

St.

Ward

Length of residence in city or town where death occurred. yrs. mos. 10. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Myron R. Peacock(a) Residence: No. Mt. Airy, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of Bertha Peacock

6. DATE OF BIRTH (month, day, and year) March 14, 1874

7. AGE <u>62</u>	Years	Months <u>3</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Canner

9. Industry or business in which work was done, as SILK MILL, Canning Factory, SAW MILL, BANK, etc. Canning Factory

10. Date deceased last worked at this occupation (month and year) July 1, 1936 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Buffalo, N. Y.
(State or country)13. NAME William Peacock14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Phoebe Burris16. BIRTHPLACE (city or town) Switzerland
(State or country)17. INFORMANT Mrs Bertha Peacock
(Address) Mt. Airy, Md.18. BURIAL, CREMATION, OR REMOVAL
Place. Mt. Airy, Md. Data. July 2, 193619. UNDERTAKER C. M. Waltz
(Address) Winfield, Md.20. FILED July 2, 1936 Julia Rowan
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**July 1, 1936
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from July 1, 1936 to July 1, 1936I last saw him alive on July 1, 1936; death is said to have occurred on the date stated above, at 9:40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Gastritis

Other Contributory Causes of Importance:

Name of operation.

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Boardman(Address) Oakland, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

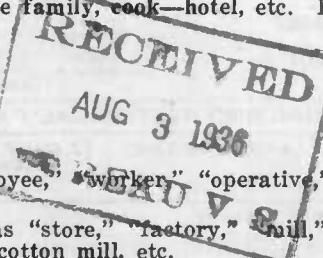
Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH

CB
7407
166

1. PLACE OF DEATH

Garrett County

Oakland, Maryland.

213-d

Registration Dist. No.

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francis Rdzok

(a) Residence: No.

5637 So. Thoop St., Chicago. Ill.

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of Son & John & ----- Rdzok

6. DATE OF BIRTH (month, day, and year)

November, 11, 1912

7. AGE 24	Years 23	Months 7	Days 19	If LESS than 1 day, _____ hrs. or _____ min.
--------------	-------------	-------------	------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Student of Notre Dame College
9. Industry or business in which work was done, as SILK MILLS, SAW MILL, BANK, etc.	South Bend, Inda.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

Chicago. Ill.

12. BIRTHPLACE (city or town)

(State or country)

John Rdzok

13. NAME MOTHER FATHER	Chicago, Ill.
---------------------------	---------------

14. BIRTHPLACE (city or town)	Chicago, Ill.
(State or country)	

15. MAIDEN NAME MOTHER	Unknown
	Chicago. Ill.

16. BIRTHPLACE (city or town)	Chicago, Ill.
(State or country)	

17. INFORMANT	Rev. Howard Kenna.
(Address)	Oakland, Md.

18. BURIAL, CREMATION, OR REMOVAL	Notre Dame Ind.
Place.	Data. July, 6, 36

19. UNDERTAKER	Emory Bolden
(Address)	Oakland, Md.

20. FILED	July, 4. 36
	Julia Rowan

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July, 1, 1936

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19, to , 19.

I last saw h alive on , 19.

, P , 19.; death is said

to have occurred on the date stated above, at , m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental Drown while out canoeing on Deep Creek Lake.

Date of onset

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury , 19.

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. J. Broadwater —

(Address) Oakland, Md.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
RECEIVED JULY 10 1930	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH.

2406

1. PLACE OF DEATH

County GarrettVillage or City Bettingers

(13)

Registration Dist. No. 171

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Reck

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male White MARRIED5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnnile Reck

6. DATE OF BIRTH (month, day, and year)

May 10 - 1862

7. AGE Years Months Days If LESS than
74 2 17 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Farmee12. BIRTHPLACE (city or town)
(State or country)Md

MOTHER

FATHER

13. NAME Jessiah Reck14. BIRTHPLACE (city or town)
(State or country)Germany15. MAIDEN NAME Katie Rayton16. BIRTHPLACE (city or town)
(State or country)Not known17. INFORMANT Mrs. Annile Reck
(Address) Yonterville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bettingers Date 7-29, 193619. UNDERTAKER Mr. Minterburg
(Address) Yonterville Md20. FILED July 27 1936 J. B. Enquiry
Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 27

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to July 27, 1936. I last saw him alive on July 26, 1936 death is said to have occurred on the date stated above, at 11:00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Concave valvular heart disease

Date of onset

1936

Other Contributory Causes of importance:

Economic & untrutested
Hypertension

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

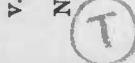
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

M. R. Dennis
M. D.(Address) Yonterville

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1930	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

Former residence
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7408

1. PLACE OF DEATH

Garrett

County

Oakland, Maryland.

213-d

Registration Dist. No.

166

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Alfred Schreiber

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St., Ward.

Ghent, Minn.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND Edward &
(or WIFE OF)

Schreiber

6. DATE OF BIRTH (month, day, and year)

October, 3, 1908

7. AGE

28

Years

27

Months

8

Days

28

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Student of Notre Dame College

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Edward Schreiber

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

Minnesota

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

Atkinson, Ill.

17. INFORMANT

Rev. Howard Kenna
Oakland, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Notre Dame Ind. July, 6, 36

Place

Date

19

19. UNDERTAKER

Emory Bolden
Oakland, Md.

(Address)

20. FILED

July, 4. 36

, 19

Alice Rowan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July,

1,

6

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19

, 10

, 19

I last saw h. alive on

5; P.

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental - Drown - while out
canoeing. On Deep Creek Lake.

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

N. J. Broadway
Oakland, Md.

(Signed)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7409

1. PLACE OF DEATH

County GarrisonVillage or City FRIENDSVILLE Twp

8

Registration Dist. No.

161

St., Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Sale Fike Sims

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWhitesingl

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.July 29th 19361 day, 0 hrs.
0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)InfantIf. Total time (years)
spent in this
occupation

f2. BIRTHPLACE (city or town)

(State or country)

FRIENDSVILLE Twp

MOTHER FATHER

13. NAME Arnold Sims

14. BIRTHPLACE (city or town)

(State or country)

Maryland15. MAIDEN NAME Ruth E. Fike

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Arnold SimsFRIENDSVILLE TWP

18. BURIAL, CREMATION, OR REMOVAL

Place Home Date July 30, 19

19. UNDERTAKER

(Address)

H. H. SavageFriendsville Twp

20. FILED

(Address)

July 30, 1936Juanville Station

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July29th, 193622. I HEREBY CERTIFY. That I attended deceased from
July 28th, 1936, to July 29th, 1936; f9 B.C.I last saw deceased alive on July 28th, 1936; death is said
to have occurred on the date stated above, at 8:30 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Marginal Placenta PoriaDate of onset
March 1936

Other Contributory Causes of Importance:

none

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. C. McDevitt

M. D.

(Address) FRIENDSVILLE TWP

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	AUG 3 1930
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7410

1. PLACE OF DEATH

County *Garrison*Village or City *Shaw*

956

Registration Dist. No. *77*

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

2. FULL NAME *Woods Stalnaker*

(a) Residence: No. _____

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred *14* yrs., *0* mos., *0* ds. How long in U.S. if of foreign birth? *0* yrs., *0* mos., *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Male white married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Easter Stalnaker*

6. DATE OF BIRTH (month, day, and year)

*July 5, 1853*7. AGE Years *82* Months *11* Days *28* If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) *6* 11. Total time (years) spent in this occupation *6*12. BIRTHPLACE (city or town) *Barbour Co.*
(State or country) *West Virginia*13. NAME *Andy Stalnaker*14. BIRTHPLACE (city or town) *West Virginia*
(State or country) *West Virginia*15. MAIDEN NAME *Rachel Hollingshead*16. BIRTHPLACE (city or town) *Don't know.*
(State or country) *Shaw, West Virginia*17. INFORMANT *Anchors Stalnaker*
(Address) *Shaw, West Virginia*18. BURIAL, CREMATION OR REMOVAL
Place *Mt. Zion Hill* Date *July 5, 1936*19. UNDERTAKER *Otha F. Sharpless*
(Address) *Blaine, West Virginia*20. FILED *7/4/36 A 4 Barrie*

21. DATE OF DEATH

July 3, 1936

22. I HEREBY CERTIFY. That I attended deceased from

*This man was not seen by
I last saw him alive doctor - 19; death is said
to have occurred on the date stated above, at 10:00A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Acute dilation of Heart*Date of onset
7-2-26

Other Contributory Causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? *Phys. Exam & History* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Alvin Sisson* M. D.(Address) *Kittanning, Pa.*(City) *(over)*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
SEP 3 1936
HOSPITAL V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man took sick at 9:00 AM & died 1 hr later by History & family. From the body and from no signs of foul play - no insurance or name & its my opinion the man died from natural cause - adult clots of heart. DR. B. W. M.D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7411

1. PLACE OF DEATH

County

Garrett

131

Registration Dist. No. 172

Village or City

Vinewood

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

William W. Tasker

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (*write the word*)

male white married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary Jane Tasker

6. DATE OF BIRTH (month, day, and year)

April 15, 1868

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

79 years

11. Total time (years)
spent in this
occupation 5 years

12. BIRTHPLACE (city or town)

(State or country)

Garrett, Maryland

MOTHER

FATHER

13. NAME

Solomon Tasker

14. BIRTHPLACE (city or town)

(State or country)

Garrett, Maryland

15. MAIDEN NAME

Ellen Braxton

16. BIRTHPLACE (city or town)

(State or country)

Garrett, Maryland

17. INFORMANT

Mrs. William Tasker.

(Address)

Vinewood, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Davis Cemetery Date July 8, 1936

Date of removal

19. UNDERTAKER

Other H. Sharpless

(Address)

Blaine, West Virginia

20. FILED

7/8, 1936 OYBained

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7

(Month)

6

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

2-22-36, 1936, to 7-6-36, 1936

I last saw him alive on July 6, 1936; death is said
to have occurred on the date stated above, at 2:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic Myocarditis

Date of onset
1932

Chronic Nephritis

1925

Other Contributory Causes of Importance:

Bronchitis

1925

Gastritis

5-1-36

Name of operation

n.s.

Date of

What test confirmed diagnosis

Phys. Exam

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

• (Signed)

R. D. Morris

M. D.

(Address) 1575 Miller Rd.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 9 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

Date of onset

1915

Date of onset

1921

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

Date of onset

1 week ago

Date of onset

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7412

1. PLACE OF DEATH

County *Garrett*Village or City *Friendsville RFD #1, Md*

(131)

Registration Dist. No. *161*

St. Ward

Length of residence in city or town where death occurred *80 yrs. 8 mos. 7 ds.* How long in U.S. if of foreign birth? *Yrs. mos. ds.*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Martha Ann Upshoel

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced *widowed*
HUSBAND of
(or) WIFE of *Frank Upshoel*

6. DATE OF BIRTH (month, day, and year) *Oct. 27, 1855.*

7. AGE <i>80</i>	Years	Months <i>8</i>	Days <i>7</i>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>House work</i>	11. Total time (years) spent in this occupation <i>64 yrs</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <i>own home</i>	
10. Date deceased last worked at this occupation (month and year) <i>June 1936</i>	

12. BIRTHPLACE (city or town)
(State or country) *Maryland*13. NAME *Thomas Kelley*14. BIRTHPLACE (city or town)
(State or country) *Maryland*15. MATURE NAME *Barbara Bettner*16. BIRTHPLACE (city or town)
(State or country) *Maryland*17. INFORMANT *Eliza Upshoel*
(Address) *Friendsville RFD #1, Md*18. BURIAL, CREMATION, OR REMOVAL
Place *Bloomingdale* Date *July 6, 1936*19. UNDERTAKER *J. T. Savage*
(Address) *Friendsville 2nd*20. FILED *July 6, 1936* *Frannette Hattie*
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 4th
(Month) *4th* (Day), *1936* (Year)

22. I HEREBY CERTIFY, That I attended deceased from *June 27th*, 1936, to *July 4th*, 1936. I last saw her alive on *July 1st*, 1936; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Cerebral Hemorrhage.*Date of onset
June 28
1936

Other Contributory Causes of importance:

*Atherosclerosis**Chronic Bronchitis**Chronic Nephritis**June 29*
*1936**1927**1928*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 ____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

It's widow
(Address) *Friendsville 2nd*

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example I		Date of onset
The principal cause of death and related causes of importance were as follows:		RECEIVED
Arteriosclerosis		1915
Chronic interstitial nephritis	AUG 5 1921	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7413

1. PLACE OF DEATH

County Garrett

Village or City Deer Park, Md.

Registration Dist. No. 10

St. 169 Ward

Length of residence in city or town where death occurred 17 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Grant White

(a) Residence: No. R. D. No. 1, Deer Park, Md. St.

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) July 21, 1919

7. AGE Years 17	Months	Days 10	If LESS than 1 day, or..... hrs. min.
-----------------	--------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer & School Boy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) July 21, 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Deer Park,
(State or country) R. D. Garrett Co., Md.

13. NAME George Allen White

14. BIRTHPLACE (city or town) Garrett Co., Md.
(State or country)

15. MAIDEN NAME Emily Grace Harvey

16. BIRTHPLACE (city or town) Garrett Co., Md.
(State or country)17. INFORMANT George A. White
(Address) R. D. 1, Deer Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place White Church Date Aug. 2, 1936

19. UNDERTAKER Herbert C. Leighton
(Address) Oakland, Md.20. FILED 8/2/36 Julia Rowan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

31

, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 21, 1936, to July 31, 1936.

I last saw him alive on 12:45 A. M.; death is said to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

George Labor pneumonia

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis RECEIVED
Chronic interstitial nephritis 1921
Cerebral hemorrhage SEP 10 1936

SURVEY V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy 1 week ago
Run over by street car 1 week ago
Peritonitis 3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN